

CORRESPONDENCE

Eugenics and Contraception

To the Editor, *Eugenics Review*

SIR,—I think that Dr. Spencer Paterson has misunderstood the remarks on contraception in my lecture published in the April number of the REVIEW (p. 9). I am afraid that I was not as clear as I should have been. My concern was to indicate some of the evidence that the differential birth-rate is not simply a by-product of the modern decline in the total birth-rate—a decline the immediate mechanism of which must undoubtedly have been for the most part the growing practice of contraception. Differences in natural, inborn fertility, as well as those environmental differences so familiar to-day, were probably in existence, even if in less extreme degree, long before deliberate family limitation became important.

If it were possible to suppress all knowledge of contraceptive technique, the birth-rate would, of course, rise sharply. But not many will agree with Dr. Paterson that such suppression is desirable, and very few that it is practicable. Some knowledge of sex-physiology is fairly general to-day; there would be plenty of lay-folk who could impart enough instruction, utilizing, for example, familiar substances in daily use, not indeed to attain 100 per cent efficiency, but quite enough to produce 90 per cent of any present effect, total or sectional, on the birth-rate.

My contention was that we should aim at something better than a return to 1870 (even if a return were possible). Attempts to remedy undesired infertility and the removal of economic and other obstacles in the way of the large family, incidentally reversing the Fisher effect, seem the hopeful lines for the future. Such a plan should improve quantity and quality simultaneously. Attempts to suppress knowledge of contraception would have no more than a small effect on quantity, while the effect on quality could hardly fail to be bad.

J. A. FRASER ROBERTS.

London, S.W.1.

To the Editor, *Eugenics Review*

SIR,—May I comment on Dr. Spencer Paterson's letter under the heading "Eugenics and Contraception," and on your own editorial bearing on the same subject (April 1944, pp. 40 and 3)?

When considering criticisms of contraception it is well to remember that the alternative to admitting this practice in principle is to accept the fact that each act of coitus in a person's life may be followed by conception. One wonders how many of even its most violent critics could honestly say

that they would have been, or will be, willing to accept their sexual life on these terms. My own experience leads me to disagree with those gynaecologists who hold that the practice is physically harmful; on the other hand, I agree with Dr. Paterson that it is all too easy for individuals to utilize contraception to their personal detriment.

Where emotions are intimately involved, it is easier to arouse disquiet than to allay it. It is becoming fashionable to suggest that contraceptive practices are causing an increase of sterility; but, as your last editorial so properly explains, there is as yet no evidence that such an increase has, in fact, taken place. The causes of sterility are indeed so varied, and its incidence is as yet so uncharted, that probably the most useful approach to these matters is by a statistical survey. But it may be mentioned, in passing, that most of the statements about the alleged relationship of contraceptives to sterility have the flimsiest scientific foundation. As a rule, no attempt is made to define the type of injury or to correlate it with any specific contraceptive practice. Apart from intrauterine and intra-cervical devices, which very few, if any, practitioners in this country have prescribed for many years, it is almost impossible to see how any contraceptive method can produce a sterility factor, except possibly cervicitis—and even this could hardly result from such practices as *coitus interruptus*, the use of the condom, or "safe period" contraception. Nor is there any agreement among gynaecologists as to the importance of cervicitis as a determinant of sterility. According to some authorities it is a very small factor, a view borne out by the large numbers of highly fertile multiparæ one sees with enormous ever-present erosions. Cervicitis is far from uncommon in the virgin, so it is not surprising to find it amongst some of the women who come for the treatment of sterility. In such cases it is all too easy, when the patient has admitted to the practice of some form of contraception in the first months of marriage, for the gynaecologist to say, "there you are—you invited this disaster." Most of us enjoy finding an explanation for an obscure phenomenon; and if the explanation leaves the patient with a deep sense of disaster, this may be not unsatisfactory to the gynaecologist if he happens to have a bias against contraceptive practices.

When gynaecologists have come to more agreement on the subject of cervicitis it will be easier to determine whether the use of a chemical contraceptive or of a rubber cap can cause it. Although it seems probable that caps of the "cervical" type (i.e. the type least used by most authorities) might cause soreness, in actual fact this occurs only very seldom. It should be added that all patients at Family Planning Association Clinics are examined